

**REQUEST FOR ROCKINGHAM COUNTY CONSERVATION DISTRICT
WITNESS OF TEST PITS**

In accordance with RSA 676:4, I(g), the North Hampton Zoning Regulations and Subdivision Regulations all test pits shall be observed and logged by the town test pit inspector. The fees of said witnessing shall be borne by the applicant. In order to request witnessing of test pits, the following form shall be submitted to the Building Code Enforcement Officer.

Town of North Hampton
237 Atlantic Ave, PO Box 710
North Hampton NH 03862
tel: 964-8650 fax: 964-1514

Rockingham County Conservation District
110 North Road
Brentwood NH 03833
tel: 679-2790 fax: 679-2860



Property Location: _____ Tax Map # _____ Lot # _____

Property Owner: _____

NOTE: It is the responsibility of the applicant to contact RCCD to make an appointment for the test pit inspection. Please allow 4 working days after submission to the Code Enforcement Office before contacting RCCD. Test pits are normally done on Tuesdays and Thursdays. Phone: 679-2790 to request service. All other inspections are done by the Town Code Enforcement Officer – see below:

Licensed Designer*: _____

Tel# _____ Cell# _____

* Required for scheduling purposes

Witness Test Pit(s) for _____ Septic Design - flat rate \$240 per lot.
_____ Subdivision minimum \$240 - (if more than 22 hours
are required add \$80 for each additional hour).

Make all checks payable to Rockingham County Conservation District or RCCD.

Septic Plan Reviews -- \$35.00 each time plan is submitted regardless of the reason. Approved plans may be picked up or if accompanied with state application & check along with a self-addressed stamped envelope they will be mailed.



**North Hampton Septic Permit fee is \$45.00 Inspection of bed bottom (basal area) is required.
Phone 964-8650 to schedule inspection.**

Date: _____ Amount Received: \$ _____ Check #: _____

From: _____ Address: _____

Received by: _____



CONSENT OF APPLICANT

I, _____ of _____ agree to a review of the above proposal, and further agree to be responsible for any additional charges that may result from this review.

Signature: _____ Date: _____